

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097445356 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1					51				
2	1						52				
3	12						53				
4	21						54				
5	10						55				
6	10	1					56				
7	1						57				
8	1						58				
9	1						59				
10	42						60				
11	10						61				
12	12						62				
13	10						63				
14	12						64				
15	20						65				
16							66				
17							67				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	19	↓		↓		↓	TOTAL DEP.	↓	↓	↓	↓
TOTAL CLAIMS	21						TOTAL CLAIMS				